

## **Testimony in Support of HB 6617**

### **HB 6617 (Raised) An Act Promoting Equity in Coverage for Fertility Health Care**

My name is Noa Fleischacker and I live in New Haven, Connecticut. I am the Executive Director of Tight Lipped, a grassroots organization by and for people with chronic vulvovaginal and pelvic pain conditions.

I am testifying in support of raised House Bill 6617, An Act Promoting Equity in Coverage for Fertility Health Care. This bill addresses a critical public health need and would make it possible for people like me, living with vulvovaginal pain conditions, to access fertility care. It would ensure that all Connecticut residents have equitable access to the reproductive health care they need to build their families.

I have pelvic floor dysfunction, a condition that causes a number of different symptoms, including vaginal pain. This means that any kind of vaginal insertion – like penetrative sex – is excruciatingly painful and almost completely impossible for me. For example, the only time I've ever been able to tolerate a pelvic exam was under general anesthesia. This is a chronic condition; it's something I will likely be dealing with in some form for the rest of my life. Pelvic floor dysfunction often overlaps with endometriosis as well as other conditions (vulvodynia, vaginismus, lichen sclerosus, vestibulodynia, etc); I probably have undiagnosed endometriosis as well and am currently exploring this diagnosis with my doctors.

Chronic vulvovaginal and pelvic pain conditions are very common. Up to 1 in 4 women in the United States will develop chronic vulvovaginal pain at some point in their life. Yet, because these conditions are so stigmatized and hard to talk about, many women, non-binary, and transgender folks struggle with this pain in silence. My experience realizing how common these conditions are, and how difficult it is to get them treated, motivated me to launch Tight Lipped, an advocacy organization fighting for people to be able to access the care they need and deserve. Ironically, as a non-profit professional, I myself cannot afford to pay the thousands of dollars out of pocket that it takes to cover fertility treatment costs.

Every single day, I receive messages from patients who want to have children, but can't afford the medical treatment they need for vulvovaginal pain. I've spoken to too many women who have struggled through excruciatingly painful sex in attempts to become pregnant. Many see this as their only option – and force themselves to endure stinging, searing, and burning pain which can last for days at a time in the hopes of starting or growing a family. This issue is about essential care to enable people like me to have safe and healthy pregnancies.

Since starting treatment in my mid-twenties, I've known that I will need medical care in order to conceive and carry a healthy pregnancy. My fiancé and I are ready to start a family, but we know that it will be a costly and likely painful journey. I am currently in pelvic floor physical therapy, which is a form of treatment that helps to strengthen and lengthen the pelvic floor muscles, making insertion, penetration, and pregnancy more possible. In addition, I take muscle relaxants and nerve pain medication to ease and address the pain. These treatments are necessary for

me to be able to become pregnant. I have already spent at least \$8,000 for physical therapy, medications, surgery, and other treatments that my health insurance wouldn't cover.

At every step of the way I've struggled to receive insurance coverage. I've filed appeals and spent hours on the phone going back and forth with health insurance agents. At one point, my health insurance company told me that they only cover physical therapy for other body parts and since this was pelvic floor physical therapy (rather than PT for back pain, neck pain, etc), they wouldn't cover it. At another point, my health insurance refused to cover pelvic floor physical therapy because my provider was out-of-network, even though there were no in-network providers in the area.

I've known forever that I want to have children. Knowing how difficult it's been to access care up until this point, I can't imagine how difficult it will be when I am actively trying to conceive in the next couple of years. I recently moved to Connecticut and am incredibly excited and moved that this bill is being discussed. It would truly make a world of difference in my life if I knew that I would have insurance coverage for fertility care. It's an enormous incentive to me to build my life and start my family here in Connecticut.

I strongly support raised House Bill 6617. As someone who has a vulvovaginal and pelvic pain condition that constitutes a barrier to conceiving and bearing children, I strongly support coverage of these conditions as a form of fertility treatment.

The fight for reproductive choice has to include the power to decide when and how to start a family. For far too long, we've allowed poor people, disabled people, queer people, and people of color to run into barriers when they try to exercise their reproductive autonomy. Connecticut is a national leader in protecting reproductive rights and keeping LGBTQ+ families secure, and it is time for our laws on fertility care to catch up. Thank you for your time and consideration of this important bill.

Sincerely,

Noa Fleischacker  
Executive Director, Tight Lipped